

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M D	10	01-20
O.I.P.E. CLASSIFIER			2/5
FORMALITY REVIEW	T A	844	02/01/02
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/16/02
2			3/7/02
3			7/24/03
4			1/9/04
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9	✓	✓	✓
10	✓	✓	✓
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20	✓	✓	✓
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22	✓	✓	✓
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26	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here